



Card Authorisation Form

Hand deliver to: Cashiers Office

Not to be sent via Email, Fax or Internal Post

Department:			
Contact Name:		Contact Tel:	
Cost Centre/ Invoice No:		Date:	

Amount:	£
Amount in words:	
Cardholder Name:	
Address:	
Postcode:	
Cardholders Tel No:	

Please debit my account with the above transaction.

Signature (if applicable):	
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We accept: Visa MasterCard Delta Debit card (Issue no:)

Card Number:

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Expiry date: